

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1106

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

via fax 225 - 763 - 8787

FOR OFFICE USE ONLY

Postmark Date: 8/4/00

Supp

ACK

1072677

1. NAME Ansardi Jennifer
Last First MI

2. BUSINESS PHONE 504-6006-7700

3. BUSINESS ADDRESS 621 Edwards Ave Harahan, LA 70123
Street and No. City State ZipMAILING ADDRESS P.O. Box 55815 Metairie, LA 70055
Street and No. City State Zip

4. EMPLOYER Government Consulting Group

5. EMPLOYER'S ADDRESS Same as above

Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name East Jefferson General Hospital
Address 4200 Houma Blvd. Metairie, LA 70006
Business or purpose Service District Hospital New RepresentationDoes this person pay you? NOIf No, who pays you? Adams + Recce. Terminated Representation as of _____

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2. Name Stirling Properties

Address 109 North Park Blvd Covington, WA 70433

Business or purpose Real Estate

New Representation

Does this person pay you? Yes

If No, who pays you? _____

Terminated Representation as of _____

3. Name West Jefferson Medical Center

Address 1101 Medical Center Blvd Mtnview, CA 70072

Business or purpose Hospital (Service District)

New Representation

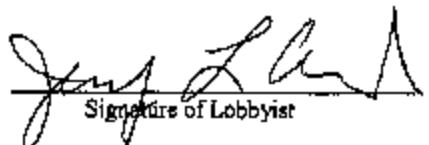
Does this person pay you? No

If No, who pays you? Adams & Reese

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist

Form SDI, Rev 10/00/00